

At-Store Recycling Program
SHEET A
PLASTIC CARRYOUT BAG PURCHASE MODEL DATA SHEET

Section 1—Identification of Operator or Designated Reporting Party Submitting Plastic Carryout Bag Purchase Data Sheet		
1. Name of Operator or Designated Reporting Party:		
2. Mailing Address:		
3. City:	State:	ZIP Code:
4. Contact Person:	5. Phone Number: ()	
6. E-mail Address (optional):		
7. Name of Operator(s): (if different from line 1 above, complete lines 8-12 for each Operator)		
8. Mailing Address:		
9. City:	State:	ZIP Code:
10. Contact Person:	11. Phone Number: ()	
12. E-mail Address (optional):		
13. Name and Address of Store or Stores: (Attach a list of stores by name or store number with the address of each store location.)		
Section 2: Plastic Carryout Bags Purchased		
14. Weight of All Plastic Carryout Bags Purchased During the Reporting Period:		
<div style="border-bottom: 1px solid black; width: 100%;"></div>		pounds <input type="checkbox"/> C/P *

Attach Additional Copies of this Sheet if Necessary

*** CONFIDENTIAL / PROPRIETARY/TRADE SECRET INFORMATION:** If information provided about a listed company or particular data is considered confidential, proprietary or a trade secret, please indicate by placing a check mark in the box marked "C/P" after filling in the appropriate information.

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**Section 3—Addresses of Distribution Centers, Warehouses, or Other Locations
Where Plastic Carryout Bag Purchase Transactions Occurred**

Enter the requested information regarding the company operating the distribution center, warehouse, or facility where the new plastic carryout bags were purchased and taken possession of.

Company 1: ☐ C/P*

15a. Company Name:

16a. Street Address:

17a. City: State: ZIP Code:

18a. Contact Person: 19a. Phone Number:
()

Company 2: ☐ C/P*

15b. Company Name:

16b. Street Address

17b. City: State: ZIP Code:

18b. Contact Person: 19b. Phone Number:
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Company 3: ☐ C/P*

15c. Company Name:

16c. Street Address

17c. City: State: ZIP Code:

18c. Contact Person: 19c. Phone Number:
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Company 4: ☐ C/P*

15d. Company Name:

16d. Street Address

17d. City: State: ZIP Code:

18d. Contact Person: 19d. Phone Number:
()

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